

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038423

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2737

FILED SEP 28 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cool Valley		Length of stay in lb 2 weeks	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hilltop Nursing Home		d. STREET ADDRESS (If outside, give location) Redford	
3. NAME OF DECEASED (Type or print) First William Middle Green Last Pogue		4. DATE OF DEATH Month August Day 30 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/2/1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Redford, Mo.	
11. BIRTHPLACE (City and state or country) U.S.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Joseph Pogue		13b. MOTHER'S MAIDEN NAME Margaret Radford	
14. NAME OF HUSBAND OR WIFE Anna		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Anna Pogue, Redford, Mo.		17. INFORMANT Anna Pogue, Redford, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 15 min	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 11:35 a.m. Aug 14 - 1963 Month, Day, Year Aug 30 - 1963	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Reynolds Co., Mo.		20g. COUNTY Reynolds Co., Mo.	
20h. STATE Reynolds Co., Mo.		21. I attended the deceased from Aug 14 - 1963 to Aug 30 - 1963 and last saw him alive on Aug 30, 1963 Death occurred at 11:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE John G. McJannet M.D.		22b. ADDRESS 5014 Thekla Av	
22c. DATE SIGNED 8/31/63		22d. NAME OF CEMETERY OR CREMATORY Rayfield Cemetery	
22e. LOCATION (City, town, or county) Reynolds Co., Mo.		22f. DATE RECD. BY LOCAL REG. 9-3-63	
22g. REGISTRAR'S SIGNATURE John G. McJannet M.D.		22h. FUNERAL DIRECTOR Pewitt Funeral Home, Ellington, Mo.	
22i. ADDRESS 9-3-63		22j. DATE RECD. BY LOCAL REG. 9-3-63	
22k. REGISTRAR'S SIGNATURE John G. McJannet M.D.		22l. FUNERAL DIRECTOR Pewitt Funeral Home, Ellington, Mo.	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton R. Rasmussen

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.